

## VOLUNTARY ASSISTED DYING BILL 2021

*Legislative Assembly Second Reading Debate – copied from Hansard 19 November 2021*

**Ms ELENI PETINOS (Miranda) (14:32):** I contribute to the debate on the Voluntary Assisted Dying Bill 2021. I understand that this is a highly emotive issue and many of my constituents have deeply held views on it. I truly appreciate the time that my constituents have taken to reach out and share their various views and experiences with me. The bill proposes allowing a person to intentionally end their life without legal consequence. That is a matter which weighs heavily upon me and which was carefully considered. To me, life is precious and there is dignity in humanity and the human experience.

While I respect all views in this debate, from my perspective, the matter at hand has been oversimplified. The bill cannot simply be seen through a lens of having the compassion to allow someone to end their life. While I am a person of religious faith, I note that it is our responsibility as legislators to pay attention to the detail of the bill from a considered and objective perspective, and to understand the true consequences of any bill and protect the most vulnerable people in our communities. Life is sacred. There cannot be anything more compassionate than wanting to protect a person's right to life, to seek to protect vulnerable people from the deficiencies in this legislation, and to provide dignity in death and remove suffering through palliative care.

I turn now to the risk to vulnerable people. People with serious terminal medical conditions by definition are vulnerable. Vulnerable people are open to coercion, and when they are coerced there are serious legal ramifications. Correspondence from Calvary Health Care, an organisation that services my constituency with specialist palliative and comprehensive care, states:

We cannot legislate this Bill for the few who want it without (unintentionally but foreseeably) endangering many vulnerable and marginalised members of society, who typically have poorer access to health care and lower health literacy.

With voluntary assisted dying, there is no room for ramifications as the consequences are final. Once a life is ended, it is gone. No-one can bring that person back. Elder abuse is a concern for many of my constituents and one that I share. One of my constituents, Graham of Jannali, shared a story of the elder abuse he claims to have witnessed in his role as a chaplain to Calvary hospital. He stated that he witnessed "numerous reports of families financially abusing and pressuring aged relatives to gain access to their inheritance".

Another constituent, Pamela of Kareela, wrote to me about her experiences caring for her mother, who sadly passed at the age of 94. She said that while it was a very stressful and emotional experience, being able to give her mother "emotional comfort and peace by just talking to her, passing on the family's concern, singing to her or holding her hand and giving her sips of water and telling her she was loved" was the most important thing that Pamela could do. She was concerned that many patients may feel as though they are too much trouble or feel pressured to "get it over with", and noted that as a society we should "be reassuring the sick, elderly and traumatised that they are not a burden and that we care about them".

People in those circumstances are highly emotional and should not be made to weigh up whether to allow their life to continue. Many are already feeling like a burden on their loved ones and on our medical system, or even feeling selfish for continuing their treatment when they know they will die at some point in the future regardless of what happens. When someone is suffering it is our duty to provide care, not harm. Death is not a compassionate solution. Suffering does not mean that life is not worth living; it means that we as a society should band together to support and protect those who are suffering.

Another area of concern for me is the threshold and the process to end a person's life. The legal criterion under the bill is that a person must be diagnosed with at least one illness that will, on the balance of probabilities, cause death within six months, or 12 months for a neurodegenerative condition. But many medical professionals have said it is almost impossible to accurately predict a patient's life expectancy. Under the bill, the medical practitioners do not have to be the treating doctors of a patient or know the patient. They do not have to have any special knowledge of the patient's illness or speak to the patient's treating doctors. In my opinion, that leaves room for a lot of error and guesswork. Therefore, I find it very difficult to support a law of this gravity based on an estimate.

The FAQs on the bill that have been circulated by the member for Sydney refer to the provisions of the bill being for people who are "suffering beyond any meaningful medical help" and who are in the "end stage of a terminal illness". However, neither of those things are eligibility criteria for access to the provisions of the bill. In relation to suffering, the bill requires the assessing medical practitioners to decide whether a person has "a disease, illness or medical condition" that "is causing suffering to the person that cannot be relieved in a way the person considers tolerable". That is a very different thing to concluding that the suffering is beyond any meaningful medical help. The term suffering is not defined, and I believe the terms are generally too broad. I cannot be comfortable with the threshold for ending someone's life being so vague.

If we make this choice then it is important that we acknowledge the path that will follow, as has unfolded in history both domestically and internationally. Assisted dying laws like the one we are currently debating began as a solution for those who were suffering from an incurable terminal illness. However, in countries such as

Canada and Belgium, the scope has expanded to include people who are not terminal. In the Netherlands, those suffering psychiatric disorders such as dementia as well as certain disabled newborns could be given drugs to end their lives.

There is also a shift happening in our own backyard. When Victoria legalised its Voluntary Assisted Dying Bill 2017 it was frequently argued that the legislation was "the safest and most conservative in the world". The legislation came into effect in 2019 and, less than two years later, there are already calls being made for the removal of safeguards. In my opinion, this is a dangerous slope to go down and we are naive if we do not observe and learn from history. While this bill has safeguards, history tells that they are not concrete and are subject to amendments in the future. This is not how we protect vulnerable people in our community and is not a future that we should want for our community. If this bill is passed, there is no going back. As many members have said in this Chamber through the course of this debate, my preferred way of supporting those with terminal illness is care, being palliative care. Terminating the life of a patient does not solve suffering. As expressed by Dr Natasha Moore, a senior fellow at the Centre for Public Christianity:

... illness and dying involve suffering, and we don't know how to eliminate it entirely.

Assisted dying legislation takes one kind of death and aims to make it easier. It's a deeply sympathetic goal. It also opens the door to new kinds of suffering and abuse, unintended but not unforeseeable.

So, the question cannot be: how do we eliminate suffering? The law can't do that. The question must be: what kind of society are we? What are our bedrock values? And who do they advantage—or disadvantage—the most?

We must do better as a government to assist those suffering from a terminal illness, but termination of life is not what I believe the compassionate answer to be. No member in this place wants to see another human being suffer unnecessarily. However, I cannot support this bill when there are other ways of solving the issue. Quite clearly the solution, and what we as members should be focused on, is better investment in palliative care services. This bill, if legislated, will have far-reaching consequences for our community and public policy. Once we open this door, we cannot close it. I believe we, as a society, set out to help those in need, not hurt. We do not set out to take away hope and take away life. That is not compassion. I cannot in good conscience support assisted dying.